

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 582718	RECEIPT DATE:	06 / 30 / 00
IA NUMBER: PCT/	FI98 / 01024	IA FILING DATE:	12 / 28 / 98
FAMILY NAME:	TAIMELA	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	SIMO	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 30 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
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APPLICATION TITLES:

APPARATUS FOR EXERCISE AND/OR REHABILITATION OF NECK EXTENSORS

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SERIAL NUMBER 09/582,718	FILING DATE 06/30/2000 RULE -	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 13530J	
APPLICANTS SIMO TAIMELA, VANTAA, FINLAND;					
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/FI98/01024 12/28/1998					
** FOREIGN APPLICATIONS ***** FINLAND 974645 12/30/1997					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/10/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met		STATE OR COUNTRY FINLAND	SHEETS DRAWING 6	TOTAL CLAIMS 125	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>ASO</i>					
ADDRESS					
000466					
TITLE					
APPARATUS FOR EXERCISE AND/OR REHABILITATION OF NECK EXTENSORS					
FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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INDEPENDENT CLAIMS 1				
ADDRESS 000466				
TITLE APPARATUS FOR EXERCISE AND/OR REHABILITATION OF NECK EXTENSORS				
FILING FEE RECEIVED 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	